

Admission Criteria-Exclusion - Continued

- Weight bearing status <50% for both upper and lower extremities
- Recent stroke or acquired brain injury
- Treatment for other co-morbid illnesses/conditions that interfere with the patient's ability to participate in rehab (e.g. dialysis or active cancer treatment)
- Unmanaged responsive behaviors limiting the patient's ability to participate at the minimum level required by the rehab program

Expected Length of Stay

Length of stay will vary according to individual needs, as determined by the health care team.

Application Process

An application can be sent by the patient's health care team in acute care through the Resource Matching and Referral (RMR) system or via fax to 416-785-2471. All applications are reviewed to confirm that our services appropriately meet the patient's care needs.

Contact Us

For referrals to the service, please speak to your acute care service provider or hospital discharge planner.

Rehab Program: <http://www.baycrest.org/care/care-programs/inpatient-care/in-patient-rehabilitation-program/>

Update: January 19, 2022



Inpatient Rehabilitation Service

Admission Criteria

Baycrest Health Sciences

Baycrest is proud of its continuum of healthcare, which encompasses specialized inpatient care for the older adult population, including:

- The Shirley and Philip Granovsky Palliative Care Unit
- Complex Continuing Care
- Inpatient Rehabilitation Program
- Inpatient Psychiatry Program
- Behavioural Neurology Unit

Inpatient Rehabilitation Service

Baycrest rehab services provide goal-directed inpatient rehabilitative therapy after an acute event or illness, musculoskeletal injury, surgery or hospitalization, which is key to ensuring that patients can return to community living.

Our rehabilitation services offer a comprehensive array of specialized interventions that reflect the unique needs of frail seniors, including health conditions, physical impairments, recent functional decline and cognitive change.

Goals of the program

The desired goal of rehabilitative care includes maintaining or restoring mobility and function, and/or the development of adaptive capacity.

Goals and discharge plans are developed from the patient's perspective, in collaboration with the health care team, with caregivers recognized as key to enabling patient/client function. Patients and caregivers are involved throughout the rehabilitative process to support the attainment of goals and the patient's return to community living.

Admission Criteria for the Inpatient Rehabilitation Program

Inclusion

- Adults age 55 and older
- Patient is medically stable (i.e. does not require acute care intervention) to participate in and benefit from rehabilitative care to meet the needs of his/her specific mobility and functional goals in the home environment
- If patient smokes, is able to do so safely and make own arrangements

- Patient has identified goals that are specific, measurable, realistic and timely
- Patient has restorative potential and may attain an improved level of functioning given his/her medical condition
- Patient has the mental, physical and cognitive endurance to participate at the minimum level
- Patient is able to participate in a minimum of 60 minutes of activity several times per day for High Tolerance Short Duration program and 30 minutes daily for Low Tolerance Long Duration program
- Patient has sitting tolerance and is able to sit up-right for a minimum of one hour
- Patient has established realistic and appropriate discharge plans to facilitate return to community living

Exclusion

- Dialysis
- Mechanical ventilation
- Bi-level Positive Airway Pressure (BiPAP)
- Cuffed Tracheostomy Tube
- Needs greater than 50% Oxygen
- Total parenteral nutrition (TPN)
- Bariatric equipment needs (300lbs +)
This would be evaluated on a case-by-case basis
- Vacuum-Assisted Closure (VAC) Therapy. This would be evaluated on a case-by-case basis.

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